

STIPULATION FOR DISMISSAL

Form #3DC21

IN THE DISTRICT COURT OF THE THIRD CIRCUIT _____ DIVISION STATE OF HAWAI‘I	
Plaintiff(s)	Reserved for Court Use
Defendant(s)	Civil No.
Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)	Court Date & Time: <input type="checkbox"/> Return <input type="checkbox"/> Pre-Trial <input type="checkbox"/> Trial <input type="checkbox"/> None <input type="checkbox"/> Disposition/Other
<p style="text-align: center;">STIPULATION FOR DISMISSAL</p> <p>Plaintiff(s) and Defendant(s) Stipulate for the Entry of Dismissal in the above-entitled case (select one) <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT prejudice pursuant to District Court Rules of Civil Procedure, Rule 41(a)(1)(ii). This Stipulation for Dismissal is being signed by all parties who have appeared in this action.</p> <p>(select one)</p> <p><input type="checkbox"/> Partial Dismissal as to Defendant(s) _____. (Certificate of Service required on other Defendant(s))</p> <p><input type="checkbox"/> <i>By signing this document, I/we acknowledge that there are no remaining claims or parties.</i></p>	
Date:	Signature of Plaintiff(s)/Plaintiff(s)' Attorney: Print/Type Name:
Date:	Signature of Plaintiff(s)/Plantiff(s)' Attorney: Print/Type Name:
Date:	Signature of Defendant(s)/Defendant(s)' Attorney: Print/Type Name:
Date:	Signature of Defendant(s)/Defendant(s)' Attorney: Print/Type Name:
In accordance with the Americans with Disabilities Act if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 961-7470, FAX 961-7447, or TTY 961-7525 at least ten (10) working days in advance of your hearing or appointment date.	